



RYMAN HOSPITALITY PROPERTIES, INC.

A REAL ESTATE INVESTMENT TRUST

SCOTT J. LYNN

SENIOR VICE PRESIDENT AND GENERAL COUNSEL

RECEIVED
FEC MAIL CENTER
2015 APR -9 AM 9:39

April 8, 2015

VIA FEDEX

Federal Election Commission
999 E Street, NW
Washington, DC 20463
Attn: PAC Filing Department

Re: Amended 30 Day Post General Report (10/1/14 – 11/24/14) – Ryman Hospitality Properties PAC (ID # C00183707)

Ladies and Gentlemen:

Pursuant to your request letter (a copy of which is attached) please find attached an amended report, signed by the Treasurer of our PAC. If you need any additional information, please feel free to contact me.

Sincerely,

Scott Lynn

Attachment

1100014410000



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

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RQ-2

2015 APR -9 AM 9: 39

April 5, 2015

JENNIFER HUTCHESON, TREASURER
RYMAN HOSPITALITY PROPERTIES POLITICAL
ACTION COMMITTEE
ONE GAYLORD DRIVE
NASHVILLE, TN 37214

Response Due Date
05/11/2015

IDENTIFICATION NUMBER: C00183707

REFERENCE: 30 DAY POST-GENERAL REPORT (10/01/2014 - 11/24/2014)

Dear Treasurer:

This letter is prompted by the Commission's preliminary review of the report referenced above. This notice requests information essential to full public disclosure of your federal election campaign finances. **Failure to adequately respond by the response date noted above could result in an audit or enforcement action.** Additional information is needed for the following 1 item(s):

- Your report(s) was not signed by the treasurer or designated agent listed on your Statement of Organization (FEC Form 1). Please amend your report(s) by providing the signature of an individual that is authorized to sign the report(s). If a new treasurer has been appointed, please file an amended Statement of Organization or a letter (if not an electronic filer) to reflect this change. (52 U.S.C. §30104(a)(1) (formerly 2 U.S.C. §434(a)(1)) and 11 CFR §104.14(a) and (d))

Please note, you will not receive an additional notice from the Commission on this matter. Adequate responses must be received by the Commission on or before the due date noted above to be taken into consideration in determining whether audit action will be initiated. Failure to comply with the provisions of the Act may also result in an enforcement action against the committee. Any response submitted by your committee will be placed on the public record and will be considered by the Commission prior to taking enforcement action. **Requests for extensions of time in which to respond will not be considered.**

Electronic filers must file amendments (to include statements, designations and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you should have any questions regarding this matter or wish to verify the adequacy of your response, please

110000141110001

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

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2015 APR -9 AM 9:39

Office Use Only

1. NAME OF COMMITTEE (In full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

RYMAN HOSPITALITY PROPERTIES PAC

ADDRESS (number and street)

ONE GAYLORD DRIVE



Check if different than previously reported. (ACC)

NASHVILLE

TN

37214

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00183707

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12S)
- Runoff (12R)

Election on

MM / DD / YYYY

in the State of

XX

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

TN

5. Covering Period

MM / DD / YYYY

through

MM / DD / YYYY

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer JENNIFER HUTCHESON, TREASURER

Signature of Treasurer

Jennifer Hutcherson

Date

MM / DD / YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

FEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

RYMAN HOSPITALITY PROPERTIES, INC.

Report Covering the Period:

From:

10 / 01 / 2014

To:

11 / 24 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014	2014	120,407.16
(b) Cash on Hand at Beginning of Reporting Period.....	118,279.64	
(c) Total Receipts (from Line 19).....	19,176.0	116,178.1
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	120,197.24	132,024.97
7. Total Disbursements (from Line 31).....	13,439.30	252,670.3
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	106,757.94	106,757.94
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	000	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

RYMAN HOSPITALITY PROPERTIES PAC

Report Covering the Period: From: **10 / 01 / 2014** To: **11 / 24 / 2014**

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	128320	940033
(ii) Unitemized.....	62176	212542
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	190496	1152575
(b) Political Party Committees.....	000	000
(c) Other Political Committees (such as PACs).....	000	000
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	190496	1152575
12. Transfers From Affiliated/Other Party Committees.....	000	000
13. All Loans Received.....	000	000
14. Loan Repayments Received.....	000	000
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	000	000
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	000	000
17. Other Federal Receipts (Dividends, Interest, etc.).....	1264	9206
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	000	000
(b) Levin Funds (from Schedule H5).....	000	000
(c) Total Transfers (add 18(a) and 18(b))..	000	000
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	191760	1161781
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	191760	1161781

110001411001

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E).....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1,343,930	25,267,03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1,343,930	25,267,03

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1343930	2526703
34. Total Contribution Refunds (from Line 28(d))	000	000
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1343930	1343930
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	000	000
37. Offsets to Operating Expenditures (from Line 15, page 3)	000	000
38. Net Operating Expenditures (subtract Line 37 from Line 36)	000	000

1-11-00 11:11 AM

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 9
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
RYMAN HOSPITALITY PROPERTIES PAC

Full Name (Last, First, Middle Initial) A. REED, COLIN		Date of Receipt 11 24 2014
Mailing Address ONE GAYLORD DRIVE		Amount of Each Receipt this Period 769.20
City NASHVILLE	State Zip Code TN 37214	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 442269
Name of Employer RYMAN HOSPITALITY PROP.	Occupation CEO & PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. FIORAVANTI, MARK		Date of Receipt 11 24 2014
Mailing Address ONE GAYLORD DRIVE		Amount of Each Receipt this Period 20204
City NASHVILLE	State Zip Code TN 37214	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 115291
Name of Employer RYMAN HOSPITALITY PROP.	Occupation EVP & CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. LYNN, SCOTT		Date of Receipt 11 24 2014
Mailing Address ONE GAYLORD DRIVE		Amount of Each Receipt this Period 19016
City NASHVILLE	State Zip Code TN 37214	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 108508
Name of Employer RYMAN HOSPITALITY PROP.	Occupation SVP & General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	116140
TOTAL This Period (last page this line number only).....	

FROM FBI WFO

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 7 OF 9		
	(check only one)	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
RYMAN HOSPITALITY PROPERTIES PAC

Full Name (Last, First, Middle Initial) A. CHERRY, SIDNEY		Date of Receipt 11 / 24 / 2014
Mailing Address ONE GAYLORD DRIVE		Amount of Each Receipt this Period 121.80
City NASHVILLE	State TN Zip Code 37214	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 69417
Name of Employer RYMAN HOSPITALITY PROP.	Occupation VP, TAX	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B.		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	121.80
TOTAL This Period (last page this line number only).....▶	1283.20

LAWSON PUBLISHING COMPANY

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 9

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

RYMAN HOSPITALITY PROPERTIES PAC

Full Name (Last, First, Middle Initial)

A.

Full Name (Last, First, Middle Initial): **BECK, CARSON (BILL)**

Mailing Address: **4205 GALLATIN ROAD**

City: **GALLATIN** State: **TN** Zip Code: **37216**

Purpose of Disbursement: **CONTRIBUTION FOR CAMPAIGN**

Candidate Name: **CARSON (BILL) BECK**

Office Sought: House Senate President

Disbursement For: **2014**

State: **TN** District: **51**

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **10 31 2014**

Amount of Each Disbursement this Period: **7400.00**

Category/Type: **011**

B.

Full Name (Last, First, Middle Initial): **MARYLANDERS FOR MILLER**

Mailing Address: **PO BOX 219**

City: **CLINTON** State: **MD** Zip Code: **20735**

Purpose of Disbursement: **CONTRIBUTION FOR CAMPAIGN**

Candidate Name: **THOMAS MILLER JR.**

Office Sought: House Senate President

Disbursement For: **2014**

State: **MD** District: _____

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: **10 31 2014**

Amount of Each Disbursement this Period: **1000.00**

Category/Type: **011**

C.

Full Name (Last, First, Middle Initial): **REITPAC**

Mailing Address: **1875 I STREET NW, STE 600**

City: **WASHINGTON** State: **DC** Zip Code: **20006**

Purpose of Disbursement: **CONTRIBUTION TO PAC**

Candidate Name: **N/A**

Office Sought: House Senate President

Disbursement For: Other (specify) ▼ **PAC CONTRIBUTION**

State: _____ District: _____

Date of Disbursement: **10 31 2014**

Amount of Each Disbursement this Period: **5000.00**

Category/Type: **011**

SUBTOTAL of Disbursements This Page (optional).....▶

13400.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 9
	<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input checked="" type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29 <input type="checkbox"/> 30b	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
RYMAN HOSPITALITY PROPERTIES PAC

Full Name (Last, First, Middle Initial)

A.

SUNTRUST BANK

Mailing Address: **2503 LEBANON ROAD**

City: **NASH** State: **TN** Zip Code: **37214**

Purpose of Disbursement: **BANK FEE**

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: **10 / 31 / 2014**

Amount of Each Disbursement this Period: **39.30**

Category/Type: **001**

B.

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: _____

Amount of Each Disbursement this Period: _____

Category/Type: _____

C.

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Purpose of Disbursement: _____

Candidate Name: _____

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement: _____

Amount of Each Disbursement this Period: _____

Category/Type: _____

SUBTOTAL of Disbursements This Page (optional).....▶ **3930**

TOTAL This Period (last page this line number only).....▶ **1343930**

110001141100001

Extremely Urgent

Container:
Conditions:
Jle FedEx
FedEx Serv
S SERVICES:
0 fedex.com
n.

FedEx Ship Manager - Print Your Label(s)

Ship Date: 08APR15
ActWgt: 1.0 LB
CAD: 1185386/NET3610

Delivery Address Bar Code



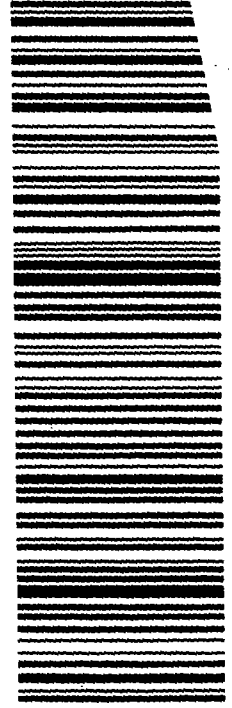
Ref # 3105-1002-191801-654001
Invoice #
PO #
Dept #

THU - 09 APR AA
STANDARD OVERNIGHT

TRK# 7733 1861 6927
0201

20463
DC-US
IAD

XC RDVA



4/8/2015

From: (615) 316-6137
Caroline Jones
Ryman Hospitality Properties, Inc.
ONE GAYLORD DRIVE
NASHVILLE, TN 37214

FedEx
Express

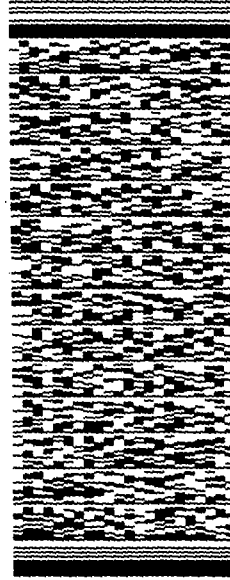


J151215022303uv

BILL SENDER

SHIP TO: (800) 424-9530
PAC Filing Department
Federal Election Commission
999 E. Street NW

U S GOVERNMENT OFFIC, DC 20463



6 15:00 6927 0409

RI 677

RECEIVED
CENTER
AM 9:39
R-9

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Date of Receipt
Postmarked	
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input checked="" type="checkbox"/> Overnight Delivery Service (Specify): <i>Fed Ex</i>	Shipping Date <i>4/8/15</i>
Next Business Day Delivery	<input checked="" type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

[Signature]
 PREPARER

4/9/15
 DATE PREPARED

1100014410001